

CHAPTER 12

TRANSFERRING A WAIVER CASE TO ANOTHER SERVICE COORDINATION/EARLY INTERVENTION PROVIDER

When a change of Service Coordination (SC) or Early Intervention (EI) provider occurs, the current provider and the new provider must coordinate the transfer such that there is no lapse in needed services, but rather a continuity of services, insofar as that is possible.

When the Participant Remains in the Same County of Residence

If a waiver participant wishes to change to another SC/EI provider serving his/her county of residence, then he/she must complete and sign the Acknowledgement of SC/EI Choice form and will be assigned a new Service Coordinator/Early Interventionist from the provider of his/her choice (unless a private provider that is not currently accepting referrals, in which case another choice will be made).

A. Once the choice of a SC/EI provider is made, the current Service Coordinator/Early Interventionist will take the following action (prior to the transfer):

1. Notify the new SC/EI provider that it has been selected as the new SC/EI provider.
2. Discuss logistics and determine an agreeable date of transfer.
3. Reconcile the services on the waiver budget.
4. Inactivate the waiver budget using BDINA. The effective date should be the same as the agreed upon date of transfer.

Note: Once the budget is inactivated, any changes must be made by SCDDSN Central Office Cost Analysis.

5. Update CDSS/STS as needed.
6. On the agreed upon date, transfer the case to the new SC/EI provider's unassigned bin on CDSS, and complete and send the Memorandum of Confirmation of Transfer (Community Supports Form 21).

Note: Waiver services will not be terminated or suspended.

B. Following the case transfer on CDSS, the old Service Coordinator/Early Interventionist will take the following action as expeditiously as possible:

1. Ensure that the file is in order and that all required information is included.
2. Review the case record with his/her SC/EI Supervisor.

C. As part of the final file review, the SC/EI Supervisor must take the following action:

1. Review the file to ensure that it is current and in order and that all required information is included.
2. Ensure that the waiver budget has been appropriately reconciled and inactivated.

Note: Waiver services will not be terminated or suspended.

3. Ensure that the case record is copied and that the copied record is maintained according to SCDDSN Directive 368-01-DD Individual Service Delivery Records Management.
 4. Contact the SC/EI Supervisor at the new provider to inform him/her that the physical case record is ready to be sent and to confirm plans for drop-off or mailing (including the address to which it should be sent).
 5. Ensure that the entire, original case record is sent to the new SC/EI provider within 10 working days of the case transfer on CDSS.
- D. Upon receipt of the case, the new Service Coordinator/Early Interventionist will take the following action:
1. Update CDSS/STS as needed.
 2. Contact SCDDSN Central Office Cost Analysis Division (803-898-9782 or 803-898-9630) to set up a new waiver budget.
 3. Complete a new waiver budget within 20 working days of the case transfer on CDSS.
 4. Complete and send new waiver service authorizations to supersede the existing authorizations. This should be done within 30 calendar days of the case transfer on CDSS, as it serves as notification to the service provider(s) of the change in SC/EI provider and provides them with contact information for the new Service Coordinator/Early Interventionist.
 5. Complete a face-to-face contact with the participant within 45 calendar days of the case transfer on CDSS.

When the Participant Moves to another County

If a waiver participant moves to another county within the state of South Carolina for which the current SC/EI provider is not approved, or if he/she chooses to change to another SC/EI provider serving the new county of residence, then he/she will be assigned a new Service Coordinator/Early Interventionist from the provider of his/her choice (unless a private provider that is not currently accepting referrals, in which case another choice will be made).

When the current Service Coordinator/Early Interventionist becomes aware of a participant's move, he/she will offer a choice of SC/EI provider from the approved list (on the SCDDSN website: www.ddsn.sc.gov) for the new county of residence. This offering of choice must be documented using the Acknowledgement of SC/EI Choice form.

Note: The new SC/EI provider will get the Acknowledgement of SC/EI Choice form signed if (1) the participant/legal guardian independently chooses another SC/EI provider before the current Service

Coordinator/Early Interventionist becomes aware of the move OR (2) if circumstances prevent the current SC/EI provider from doing so, and the reason is documented in a service note.

A. Once the choice of a SC/EI provider for the new county of residence is made, the current Service Coordinator/Early Interventionist will take the following action (prior to the move, unless not notified in advance of the move):

1. Notify the new SC/EI provider that it has been selected as the new SC/EI provider.
2. Discuss logistics and determine an agreeable date of transfer based on the participant's move date. The date of transfer should be on or before the move date so that the new provider can authorize needed waiver services to begin immediately following the move.
3. Notify the new SC/EI provider of the services that the participant is currently receiving and will need to continue to receive in the new county of residence. Copies of the current Support Plan, Service Coordination Annual Assessment and any relevant service assessments (e.g. Respite Assessment, ADHC Assessment of Need, Personal Care/Attendant Care Needs Assessment, etc.) must be sent as documentation of the amounts, frequencies and durations of needed services.
4. Send a Notice of Termination of Service (Community Supports Form 16-B) to any current waiver service providers and a copy to the new Service Coordinator/Early Interventionist. The effective date of the termination should be the last day that the waiver participant will receive services from that waiver service provider (or, if the move has already occurred, the date the form is completed).

Note: If the service provider is also approved for the new county of residence and will continue as the provider of choice, then services will not be terminated. Instead, the new address and the date of the move must be communicated to the service provider.

5. Reconcile the services on the waiver budget.
6. Inactivate the waiver budget using BDINA. The effective date should be the last day the participant will receive services in the current county of residence.

Note: Once the budget is inactivated, any changes must be made by SCDDSN Central Office Cost Analysis.

7. Update CDSS/STS as needed.
8. On the agreed upon date, transfer the case to the new SC/EI provider's unassigned bin on CDSS, and complete and send the Memorandum of Confirmation of Transfer (Community Supports Form 18).

Note: If the participant resides in an Alternative Residential Placement, the Office of Behavioral Supports at SCDDSN must be notified of the move along with the appropriate District Office.

B. Upon receipt of copies of the current Support Plan, Service Coordination Annual Assessment, any relevant service assessments and waiver service termination notices, the new Service Coordinator/Early Interventionist will take the following action (prior to the move, unless not notified in advance of the move):

1. Work with the participant/legal guardian to choose providers of each needed service in the new county of residence (unless the current provider is also approved for the new county of residence and

will continue as the provider of choice). This should prevent a lapse of service unless a provider cannot be located.

C. Upon receipt of the case on CDSS and the Memorandum of Confirmation of Transfer, the new Service Coordinator/Early Interventionist will take the following action:

1. Send waiver service authorizations to any new waiver service providers in the amounts and frequencies indicated on the Support Plan. The effective/start date should be the day following the effective date of the service termination completed by the old Service Coordinator/Early Interventionist.
2. Ensure that the home board provider is correctly identified on CDSS.
3. Update CDSS/STS as needed.
4. Contact SCDDSN Central Office Cost Analysis Division (803-898-9782 or 803-898-9630) to set up a new waiver budget.
5. Complete a new waiver budget within 20 working days of the case transfer on CDSS.
6. Complete a face-to-face contact with the participant within 45 calendar days of the case transfer on CDSS.

D. Following the case transfer on CDSS, the old Service Coordinator/Early Interventionist will take the following action as expeditiously as possible:

1. Ensure that the file is in order and that all required information is included.
2. Review the case record with his/her SC/EI Supervisor.

E. As part of the final file review, the SC/EI Supervisor must take the following action:

1. Review the file to ensure that it is current and in order and that all required information is included.
2. Ensure that the waiver budget has been appropriately reconciled and inactivated.
3. Ensure that the case record is copied and that the copied record is maintained according to SCDDSN Directive 368-01-DD Individual Service Delivery Records Management.
4. Contact the SC/EI Supervisor at the new provider to inform him/her that the physical case record is ready to be sent and to confirm plans for drop-off or mailing (including the address to which it should be sent).
5. Ensure that the entire, original case record is sent to the new SC/EI provider within 10 working days of the case transfer on CDSS.

MEMORANDUM OF CONFIRMATION OF TRANSFER

TO: _____
SC/EI Supervisor at Receiving Provider

OF: _____
Receiving SC/EI Provider

FROM: _____
SC/EI Supervisor at Current Provider

OF: _____
Current SC/EI Provider

RE: _____
Waiver Participant

Medicaid #

Social Security #

EFFECTIVE DATE OF TRANSFER: _____

Below are the Community Supports Waiver services that the participant has been receiving:

- | | |
|--|---|
| <input type="checkbox"/> In-Home Support | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Adult Day Health Care Nursing |
| <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Adult Day Health Care Transportation |
| <input type="checkbox"/> Private Vehicle Modifications | <input type="checkbox"/> Support Center Services |
| <input type="checkbox"/> PERS | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Behavior Support Services | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Career Preparation Services | <input type="checkbox"/> Assistive Technology and Appliance |
| <input type="checkbox"/> Incontinence Supplies | <input type="checkbox"/> Day Activity |
| <input type="checkbox"/> Community Services | |

Comments: _____

Signature of SC/EI Supervisor

Date